

is that Democrats in Washington will not let us use it. The problem is that even with gas prices on the rise, they want to tax it even more.

Let's make this simple. I am going to propose just two concrete practical things we can do in Washington to give the American people some relief, create jobs, and help us be less dependent on foreign sources of oil, two ideas that would have wide bipartisan support. Let's increase American energy production, and let's block any new regulations that will drive up the production costs for energy. These are two ideas that will create jobs and alleviate the increasing pressure on gas prices.

Let's leave the ideology aside and do some practical good for Americans who are struggling out there. Let's increase American production of energy with American jobs and stop the job-stifling regulations.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ENERGY POLICY

Mr. DURBIN. Madam President, we are all facing the challenge of gasoline prices adding a new burden to family budgeting as well as small businesses and large businesses alike. It couldn't come at a worse time, in light of our recession and unemployment. But it is important for us to put into perspective where we are and how we should resolve this issue.

When we look at the entire known reserves of oil and gas in the world—in the entire world—the United States has 3 percent—3 percent—and each year the United States consumes 25 percent of the energy that is used in the world. So when I hear my colleagues on the other side come to the floor and say we can drill our way out of this, I say to them: That is unrealistic and doesn't reflect the reality of what we face today.

Yes, we should have responsible drilling for oil and gas. We should be sensitive to the environment to avoid the kind of hazards and accidents we saw in the Gulf of Mexico, to protect that part of America and part of the world we believe should be preserved for future generations. But the notion if we could start drilling more our problems would go away is not only naive, it is wrong—flatout wrong.

We heard the chants of “drill, baby, drill” a year and a half ago in the course of a Presidential campaign. It is not the answer to America's energy policy, ever. We still import \$1 billion worth of oil a day into the United States. It is an indication of our dependence on foreign oil that any inter-

ruption in the Middle East or from other sources is going to raise our prices.

What should we do about it? Several things. First, on the immediate agenda, we should look at the Strategic Petroleum Reserve. The President has to decide—and said Friday he was considering—on releasing oil we have saved in this reserve to bring down prices and keep the economy moving forward. I support that. I hope the President will do that.

Secondly, we have to look at ways that the current oil pricing is being gamed by some financiers and speculators. From my point of view, this is something that needs to be not only examined but stopped. This speculation in oil prices runs up prices way too high, way too fast.

Third, take a look at the oil companies themselves. The top five oil companies are extremely profitable and, in the midst of crises, they make even more money. That is the reality.

Then, we need to step back and look at our national energy policy. How do we encourage the use of more efficient cars and trucks? Well, we don't do it by entertaining the amendment by the Republican leader in the Senate. He says the Environmental Protection Agency should step back from even encouraging the kind of fuel efficiency in cars and trucks which reduce our dependence on foreign oil and reduce pollution in the atmosphere. That is a step backward to the past. It is a rejection of basic science.

So when the Republican leader comes to the floor and gives his prescription for today's energy challenge in America, I would say to him: The patient is not going to get well. Senator, with your prescription. We have to have a coordinated energy policy moving toward fuel efficiency, reducing the use of energy, and still fueling our economy with renewable and sustainable sources of energy that don't pollute the atmosphere.

The Senator from Kentucky, who was giving us a speech this morning about energy, actually has an amendment he is preparing for the floor which removes the right of the Environmental Protection Agency to even deal with greenhouse gas emissions as they affect climate change and the world we live in. That is a stick-your-head-in-the-sand approach to an issue which future generations will look back on and say: What were they thinking; that they would ignore the reality of climate change in the world and the reality of what pollution is doing to our lungs, our health, our future. It is a reality that is being rejected by the Republican side of the aisle.

Madam President, I ask how much time is remaining in morning business?

The ACTING PRESIDENT pro tempore. Four minutes on the majority side.

Mr. DURBIN. I thank the Chair.

ANNIVERSARY OF HEALTH CARE REFORM

Mr. DURBIN. Madam President, this is the 1-year anniversary of the President's signing of health care reform, and I am happy to stand and say it represents one of the most important pieces of legislation in decades. For too long, we let our Nation's health care crisis grow and ignored it. People who said let the market work its will, have to be honest about what the market did. The market started excluding people who had preexisting conditions—and who among us doesn't? The market started charging higher and higher prices for health insurance. The market, unfortunately, was uncontrollable.

We tried to deal with it, to bring pricing under control and deal with the realities families face across America. When I was in the most heated debate about the health care bill with tea party devotees in front of my office in Springfield, I told them: Let me tell you about some of the people in Illinois I have met. At some point, the tea party people said: Stop telling stories, DURBIN. We don't want to hear any more stories. Of course, they don't because those stories are the reason we did this. Those stories represent real lives.

Let me tell one of those stories, representing a family who comes from East Peoria, IL. This is Jill and Ric Lathrop. They have two sons, Sam and Nat. One of them has a Superman t-shirt on. They are 12 and 14 years old and they have severe hemophilia. It is a rare and costly medical condition.

Thanks to the twice-weekly injections of blood clotting replacement factor they receive, the boys are able to live happy and healthy lives—and they look pretty darn good in that picture. That lifesaving medication costs roughly \$250,000 per child, per year.

For years, the family has lived in fear they would reach the lifetime limit of their insurance plan. That was a reality. Many of these plans had a ceiling that paid no more beyond a certain amount. Well, it happened to them in 2005. The hospital where Ric works as an MRI technician instituted a \$2 million lifetime cap on benefits. For most families, that wouldn't even be an issue, but for the Lathrops, who know their annual medical expenses will always total hundreds of thousands of dollars to keep their boys alive, that was devastating.

Rather than waiting for their benefits to run out, the Lathrops moved to Peoria, where Ric found a job that provided insurance without lifetime limits. He moved his family and found a job to get an insurance policy that would keep their boys alive. When the open enrollment period for their health insurance plan rolled around, they waited on edge to see if their insurance would, once again, institute an annual or lifetime limit on care that would force them to move again to ensure adequate coverage for their sons.

Thanks to the bill we passed last year, insurance companies can no

longer place lifetime limits on care. Think about what that means to this family who picked up and moved and looked for a new job to get health insurance to keep their boys alive. Is that what America should be? I think not.

Let me be very blunt about this. As good as this law was, it was not perfect. There are things that need to be addressed, examined, and changed. I have said before, and say again, the only perfect law was written on stone tablets and carried down a mountain by "Senator Moses." Everybody else has been trying and hasn't quite hit that standard. So let's be humble about this and be open to change. But let's not repeat this, as the Republicans have called for time and again. Let's not say to the Lathrop family: Sorry. You are on your own if another lifetime limit comes along that may literally endanger the lives of these two beautiful little blue-eyed boys.

That is what this debate is about. It is a story about a real family. That is why the other side hates to hear these stories, because the stories literally explain why stepping backward in time and repealing health care is exactly the wrong course for America.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BARRASSO. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

A SECOND OPINION

Mr. BARRASSO. Madam President, we are just about 1 year to the day from the day the President signed into law the health care law that is going to have an impact on all the people of this country. Here we are, 1 year later and we know a lot more about this law and people all around the country know a lot more about this law.

I spent part of the weekend visiting folks in Buffalo, WY, attending the Buffalo health fair. A health fair is a place in the community where people get together and get their blood tested ahead of time. It is very inexpensive. It is based on prevention and early detection—issues this health care law was supposed to address but has failed miserably at. At the health fair, I talked to people who were getting their blood results back, checking their cholesterol, checking their blood sugars to see about diabetes, checking their thyroid levels, and as these people were getting their blood tested—and many people, probably half the population of Buffalo, turned out to have their blood tested—they started asking me questions about the health care law, the kind of questions any American would be concerned about: Am I going to lose

my freedoms? Am I still going to be able to keep my doctor? Will it truly get the cost of care down?

Regrettably, this health care law, now 1 year since it has been signed, turns out to actually be bad for patients, bad for providers—the nurses and the doctors who take care of those patients—and bad for the taxpayers, the people left footing the bill because we know a lot more now, 1 year after the law was passed, than we did when it was passed.

People remember this as the law that was crammed through the Senate in the dead of night, written behind closed doors, and all the unseemly bargains that were cut to convince Senators to vote for it, getting by on the barest number of votes. There were things such as the cornhusker kick-back, the Louisiana purchase—the sort of things that offended people all across this country. So people are upset with this health care law, No. 1, in the way it was passed: In spite of the fact the President promised it would be seen on C-SPAN, all the discussions were held behind closed doors and despite the fact that many Americans never had a chance to read this 2,700-page law.

When the President made his initial speech about what he was aiming to accomplish in health care reform, I said that would be great. I am an orthopedic surgeon, practiced medicine for 25 years, and I think we need to do the sorts of things the President initially addressed. Unfortunately, the health care law went in the opposite direction. When people worked their way through the 2,700-page bill, they found that instead of lowering the cost of care, the cost of their care was going to go up; instead of allowing people to keep the doctor they wanted, they were going to, unfortunately, have to change that situation. That is why I have been coming to the floor week after week with a doctor's second opinion about this health care law.

So here we are, 1 year later. We know the cost of health care is going up. The President said health care premiums would be lower for families by \$2,500. No family has seen that—or none that I know of; certainly none I have talked to in Wyoming, not one. Instead, people have seen the cost of their health insurance going up, not down.

The President said he was never going to raise taxes. It turns out, in fact, there are a lot of tax increases as part of this health care law. Even the 1099 form Senator JOHANNES has championed on the part of small businesses around the country, the efforts to remove these onerous obligations on our small businesses, have nothing to do with health care. That got crammed into this bill in the dead of night so those who support the bill can claim it was going to lower the cost. Even the Congressional Budget Office admits costs are going up, not down, and this is absolutely impacting jobs.

The President promised there would be efforts for small businesses to have

some advantages and some tax credits and some help, but what we found out is that if you have a small business with 10 employees and that number climbs to 11, you are going to lose some of those benefits. If you are paying your employees an average of over \$25,000 a year and you want to give them a raise, you start losing some of the benefits. So in spite of the fact the President had 4 million postcards sent out to small business owners, very few of them have been able to take advantage of what was promised to them.

Now here we are where additional waivers are being given. We are at a point where over 2.5 million Americans have been given waivers from participating in the health care law. Interestingly enough, these are the very people, for the most part—a significant number—who lobbied for the bill. Once they found out what was in it, they said no, I don't want this to apply to me. Now we see that the State of Maine, the entire State of Maine, has been given a waiver.

I come to the floor today, a year after this has passed into law, and I say everybody in the country ought to be able to get a waiver and opt out of this health care law, opt out completely. These are decisions that should be made at the State level, at the local level. Washington's "one size fits all" has hardly ever worked for anything and it surely does not work for health care.

In Wyoming, at the Wyoming Health Fair in Buffalo, as I visited with people and talked to them, do you know what they are worried about? They are worried about losing their freedoms, losing their choice, losing their doctor, losing the health care plan they like. In spite of the President's promises, we know that about 80 percent of people who get their health insurance through small businesses are not going to be able to keep the health care they like. Why? Because of government mandates. Government has said we know what is best for you. You do not, we do. The government says: We know what is best for your family. Government doesn't know what is best. These ought to be local decisions. That is why Senator LINDSEY GRAHAM and I and a number of other cosponsors have introduced legislation to allow States to opt out of this health care law, opt out of the individual mandate, the requirement that forces Americans to buy government-approved insurance.

Let States make that decision if people in their own State need to live under those laws. Let States decide if the employers, the people who are the job creators in our communities, if they have to supply government-approved insurance to the people who live there. Let people make decisions at the local level.

You can lift any newspaper and look at what the Medicaid mandates are doing to our States and the budgets of the States. States such as Wyoming, where we balance our budgets every